For New Members, Candidates, and New Employees		Name: Daniel Kilegre Daytime Telephone: 2021 MAY -5 AM 10: 18	endment south of the reportable agreement or a see of filing? J ANSWER "YES E REQUIRED TO THESE OTH OF THESE of the prior
FORMB	PRESENTATIVES For New Members, Candidates, and New Employees APR 28 2157		For New Members, Candidates, and New Employees APR 2 8 2021
For New Members, Candidates, and New Employees Daytime Telephone:	Cosc Daytime Telephone:		nber of or Candidate for State: (24:6) se of Representatives District: 15 es – Date of Election: 11-4-2022 Check if
For New Members, Candidates, and New Employees Concept	Daytime Telephone:	New Member of cr Candidate for State: Chic U.S. House of Representatives District: 15 Candidates – Date of Election: 11–9–2022 Check if Amendment	New Officer or Employee Staff Filer Type (If Applicable): Period Covered: January 1, to
For New Members, Candidates, and New Employees Check if	Daytime Telephone: Daytime Telephone:	New Member of cr Candidate for State (2): State (2): Check if U.S. House of Representatives District: 15 Candidates - Date of Election: 11-12-22 New Officer or Employee Staff Filer Type (If Applicable): Period Covered: January 1, to	PRELIMINARY INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS
check if Amendment Covered: January 1,	Check if Amendment ind Covered: January 1,	Check if Amendment coverad: January 1,	Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or in the current calendar year up through the date of filing? Yes X b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
check if Amendment Check if Amendment Led Covered: January 1, Led Covered: Jan	Check if Amendment Check if Amendment January 1,	Check if Amendment Amendment inded Covered: January 1, in the current calendar year up through the current calendar year year up through the current calendar year year year year year year year ye	r spouse have "earned" income (e.g., salaries, slorvIRA distributions) of \$200 or more during the Yes X No SorvIRA distributions) of \$200 or more during the Yes X No SorvIRA distributions of \$200 or more during the Yes X No SorvIRA during the Yes X No SorvIRA during the Yes X No SorvIRA during the Yes X N
BYTATEMENT For New Members, Candidates, and New Employees Daytime Telephone: Best of Candidate for State: (A) (B) Best of Candidate for State: (A) (B) Best of Representatives District: 15 Best of Representatives Staff Filer Type (If Applituable): Best of Representatives District: 11-4-22-2 Best of Representatives Staff Filer Type (If Applituable): By Office: Staff Filer Type (If Applituable): By Office: District: 12-4-22-2 By Office: Staff Filer Type (If Applituable): By Office: District: 12-4-22-2 By Office: District: 12-4-22-2 By Office: District: 12-4-22-2 By Office: District: 13-4-22-2 By Office: District: 14-4-22-2 By Office: District: 15-4-22-2 By Office: District: 15-4	Check if Amendment Check if Amendment Check if Amendment Covered: January 1, inced Covered: Januar	Check if Amendment Amendment Amendment Amendment Lanuary 1, Lined Covered: January 1, Lined Cove	Yes No X J. Did you receive compensation of more than \$5,000 from a Yes X single source in the current year and two prior years?
Check if Amendment Check if Amendment Check if Covered: January 1, in the current calendar year up through the current parting period or in through the date of filing?	Check if Amendment Check if Amendment Check if Amendment Covered: January 1, in the current calendar year up through the calendar year up through the date of filing?	Check if Amendment Amendment Amendment Amendment Amendment To the Covered: January 1, In the Covered: January 1, In the current calendar year up through the capportable agreement or nitty during the reportable agreement or intrough the date of filing?	HEDULE IF YOU .
Check if Amendment In the Covered: January 1, in the current calendar year up through the calendar year up through the date of filling? Under in the current year and two priors in the current year.	Check if Amendment Check if Amendment Amendment Let Covered: January 1, Let Co	Check if Amendment Amendment Amendment Amendment Check if Amendment Amendment Letter Amendment Amendment Letter Amendment Amendment Letter Amendment Amendment Letter Amendment Let	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
New Employees	DIH OF THESE	endment sidendery 1, Submitted positions during the calender year up throughout the reporting period or in the reporting pe	eed not be disclosed. Have you excluded Yes
Check if Amendment Check if Amendment Check if Amendment Check if Amendment In the Covered: January 1, inced Covered: January 1, incede Covered: January 1, inced Covered: January 1, inced Covered: January 1, incede Covered: January 1, i	portable positions during trealender year up through the reporting period or in the reporting? J ANSWER 'YES E REQUIRED TO J ANSWER 'YES DICE THESE	endment sidendery 1, Submitted by positions during the calender year up through the reporting period or in the reporting period or in the of filing? MANSWER 'YES E REQUIRED TO JANSWER 'YES OTH OF THESE OTHESE OTH	offittes of a spouse or dependent child because they meet all three tests for Yes

SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal rethement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Am	Amount
Source (il icidde date of lecalpulor floriorana)	lype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Honoratum	\$0 \$20,000	\$500 \$76,000
EXAMPLES: Civil War Roundtable (Oct. 2) Cintain County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Alliance Darka		\$ 34,095	\$ 37,005
e Party	Salary	4,819.05	80
	Salary	0	**

SCHEDULE D - LIABILITIES

Name: Daniel Kilgare Page 13 9

exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and

				SP, DC,JT		
		600	Example			
		that Dept. of Education	First Bank of Wilmington, DE	Creditor		
		1 1	5/19	Date Liability Incurred MO/YR		
		1-2011 Student losas	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	6	
		×		\$50,001- \$100,000	ი	1
			×	\$100,001- \$250,000	U	
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	71	
				\$1,000,001- \$5,000,000	G	
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	-	
<u> </u>		.		Over \$50,000,000	_	
-	- 1			Over \$1,000,000* (Spouse/DC Liability)	_	1

SCHEDULE E - POSITIONS

or other business enterprise, comprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

			Customer care succialist A	Position
	(Disney Store	Alliance Data	Name of Organization

SCHEDULE F - AGREEMENTS

	Name: Do
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	Page 4 of
	of 4

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
7/2015	7/2015 Muself & Alliance Dada	Empelyment
4/202	Waself & Walt Disney Commons	Employment
	<i>' ' ' ' ' ' ' ' ' '</i>	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

_	_				_	
			Alliane	Example:		C
		,,	Alliane Data, Columbus, OH	Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)	
			customer service answering customer-calls and emails	Accounting Services	Brief Description of Duties	

APR 20 2021

CAMPAIGN NOTICE

LEGISL TO RECEIVE FINANCIAL DISCLOSURE REQUIREMENT

2021 MAY -5 If our have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn of the contribution of loans from yourself or others, or spent in excess of \$5,000 for your campaign, or if you have withdrawn of the contribution of

The Honorable Cheryl L. Johnson, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
B-81 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status:
-{Select One}-

Dear Madam Clerk:

Over \$5,000 Threshold Not

Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal of Candidacy
of Candidacy

This is to notify you that under the laws of the state of,
I withdrew my candidacy for the U.S. House of Representatives on

[Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type):	l hilgore	
State: Ohio	District: <u>15</u>	_
Date: 4-19-2021		

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)